



INFORMATION FOR STUDENTS

Doctors are licensed on a state-by-state basis by state government medical boards. These are state agencies, not entities of the profession. Requirements are generally similar from state to state, but there are differences. Go to the source for any state where you may want to practice. The APMA Desk Reference lists telephone numbers and addresses for every state board. The [American Podiatric Medical Students Association](#) publishes summaries of the state laws, and the [American Association of Colleges of Podiatric Medicine](#) has state licensing requirements available online at www.aacpm.org. At the California BPM, our licensing coordinator is Patty Rodriguez, who can be reached at her direct line of 916-263-2649 or via e-mail at patty_rodriguez@dca.ca.gov. California licensing information and application forms can be mailed to new applicants and are also available online at www.bpm.ca.gov.

The California Board: four DPMs and one layperson appointed by Governor, two laypeople by Legislature. The board members are policy makers in their governance role and form the jury for enforcement cases under the State Administrative Procedure Act (APA). So for all licensing questions, call the staff. Never talk to the board members about enforcement. Usually three public board meetings each year. Next: October 2007 in southern California.

Mission: California law states: "Boards are established to protect the people of California." Contrast with mission of APMA, which is basically to advance the profession.

Specific charges in law: (1) set standards for & approve colleges, residency programs, (2) license DPMs, (3) restrict/revoke licenses as indicated to uphold the State Medical Practice Act.

Staff and funding: Executive officer & four civil servants--licensing coordinator, enforcement coordinator, administrative analyst, and office manager. We use Medical Board staff for working individual complaints and investigations, Departmental administrative support services, deputy attorneys general (DAGs) for prosecuting attorneys, and the state's cadre of independent Administrative Law Judges (ALJs) for disciplinary hearings. BPM funding is almost 100% from licensing fees. Income is deposited into our special BPM fund from which the Legislature appropriates our \$1-million budget annually.

Licensing: Single application package for: (1) "Resident's License for residency training, (2) the National Board of Podiatric Medical Examiners (NBPM) Part III (PMLexis) exam, and (3) DPM permanent license. Senior students should submit application as soon as they have been matched with a residency in California. Packets are available from BPM upon request or online on the Board's website. **As of January 1, 2005, BPM will issue Resident's Licenses only to those who have passed Parts I and II of the National Boards**, have graduated from approved colleges, obtained a criminal background clearance, and are accepted into BPM-approved residencies. You must possess the Resident's License *prior to any participation in a postgraduate podiatric residency training program.*

Residencies: Effective January 1, 2005, CA law requires completion of **two** years in a BPM-approved program for permanent licensure. Training license still required for 3rd and 4th year residents, even if they have full DPM license because: Practice under a DPM license is restricted to the scope of podiatric medicine. With a “Resident’s License”, a resident may participate in training rotations beyond the scope of podiatric medicine under appropriate supervision for a given one-year period in a specific program. BPM-sponsored legislation extended the maximum training license period from 2 to 4 years, but residents must still obtain regular license within 3 years from when they begin postgraduate training.

NBPME (PMLexis) exam: BPM requires **all** parts of the NBPME exams including Part III (PMLexis) for a permanent license to practice podiatric medicine. NBPME Part III is offered every June and December in testing centers throughout California.

Scope of practice: In California as most others states, this is the independent practice of medicine on the foot and ankle. DPMs may perform partial amputations of the foot as far as proximal with the Chopart's joint. They order and administer anesthesia and sedatives, as indicated. *Administration of general anesthesia*, however, may only be performed by an anesthesiologist or certified registered nurse anesthetist.

Renewal requirements: \$900 every two years. Self-certification under penalty of perjury for: **(1)** 50 hours of approved CME, and **(2)** compliance with one of eight pathways to demonstrate continuing competence. NBPME Part III and/or residency completion cover you for continuing competence for the first 10 years. Health facility privileges or board certification status will cover you after that. Residency covers CME requirement for the first renewal only.

Unlicensed practice: Training/practicing without a license is a criminal misdemeanor. Get licensed, not busted.

Administrative discipline process: Complaints → Investigation → Referral to Attorney General → Accusation (public document) → Public hearing before an ALJ → Proposed decision or stipulated agreement sent to the seven BPM Board members for adoption or amendment.

Quality-of-care cases are reviewed by BPM-approved DPMs working as consultants and experts. If they find violations and the Medical Board investigator recommends referral to the AG for preparation of an Accusation, it goes. BPM uses the system, i.e., follows standard operating procedures. Doctors are prosecuted for breaking the law, and for no other reason.

Unprofessional conduct: The Medical Board and BPM have authority over what the Medical Practice Act defines as “unprofessional conduct.” This includes but is not limited to: repeated acts of simple negligence (multiple departures from the standard of care), gross negligence (one or more extreme departures), incompetence, dishonesty, fraud, conviction of a crime, unlawful drug use or prescribing, and sexual misconduct with patients. Legislature has not given Medical Board jurisdiction over rudeness, fees, billing disputes, greed, and bad moral character.

Typical disciplinary terms: Revocation stayed, 5-years probation, 3-month suspension from practice, monitoring by BPM medical consultant and Medical Board probation officer, extra CME, retake state oral exam, cost recovery. [“PACE”](#) program (physician assessment and clinical education) at UC San Diego School of Medicine is a recent addition to BPM probationary terms.

Interstate data banks: BPM reports discipline to the Federation of Podiatric Medical Boards bank as well as the National Practitioner Data Bank run by the United States Department of Health and Human Services (USDHHS).